

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Luke's Hospital Registration District No. 792
 Township St. Louis Primary Registration District No. 51003
 City St. Louis, Mo. (No. St. Luke's Hosp.)

✓ 42244
 File No. 12127
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Eolia Missouri St. 12 Ward. Eolia Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 1845</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>4</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eolia Missouri</u> <u>St. Louis County</u>
--

FATHER	13. NAME <u>William Minor</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>

MOTHER	15. MAIDEN NAME <u>Unkown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>

17. INFORMANT (ADDRESS) <u>Marshall Minor</u> <u>Eolia, Mo.</u>
--

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eolia Mo.</u> DATE <u>12-8-1931</u>

19. UNDERTAKER (ADDRESS) <u>Harvey & Schmidt</u> <u>2732 S. Grand St.</u>
--

20. FILED <u>DEC - 6 1931</u> <u>Max C. Starker</u> Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 193122. I HEREBY CERTIFY, That I attended deceased from December 2, 1931, to Dec 5, 1931I last saw him alive on Dec 5, 1931. Death is saidto have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

Hypertrophic Pulse with
apical, Retention (Swiss type)
changes.
137
137

Other contributory causes of importance:
Serum
Hypertrophic Pulmonary?Name of operation Extracorporeal prostatic Date of 10-14What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Dr. Rufus Starnes M. D.(Address) 234 Spruill St.
St. Louis, Mo.

Dr. C. D. Starnes
234 Spruill St.
St. Louis, Mo.

